

Augusta-Richmond County License Department
 PO Box 9270
 Augusta, GA 30916-9270
 Phone: 706-312-5050
 FAX # 706-312-4277 or 706-312-5037

BUSINESS TAX RETURN

COUNTY OF RICHMOND, BUSINESS TAX DIVISION
 Calendar Year **2014**

Report Change in Location/Mailing Address Promptly to Business Tax Division

Please Type or Print with Ball Point Pen

FOR BUSINESS LICENSE OFFICE USE ONLY						Interviewed By:															
Zoning			Map & Parcel																		
Account #	# of Decals	Tax Class	SIC Code	Approved By:																	
YEARLY TOTAL GROSS RECEIPTS (EVEN DOLLARS) \$ _____ Professionals and certain practitioners have the option of paying \$400 per practitioner in lieu of reporting gross receipts. Check with the Business Tax Office to determine eligibility for this option.				Mobile Only – No Business in the Home																	
Complete all spaces as they relate to County Activity <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center;"> Circle One Renewal Amended New Final </td> <td style="width: 30%;">Started New Business</td> <td style="width: 10%;">Date</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sold or Closed Business</td> <td>Date</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table>		Circle One Renewal Amended New Final	Started New Business	Date	Month	Day	Year						Sold or Closed Business	Date	Month	Day	Year				
Circle One Renewal Amended New Final	Started New Business		Date	Month	Day	Year															
	Sold or Closed Business	Date	Month	Day	Year																
Business Name		Business Location in County – Street Address (Not P.O. Box)			City, State	Zip Code															
Mailing Information Name		Mailing Address – Street or P.O. Box			City, State	Zip Code															
Previous Business Name and Location	Name	Street – Not P.O. Box			City, State	Zip Code															
Circle One Partnership Sole Ownership Corporation	Principal Office, Corporate Name	Street or P.O. Box			City, State	Zip Code															
Officer, Agent or Attorney for Service of Business Affairs in County	Name	Street or P.O. Box			City, State	Zip Code															
Name of Owner(s) & Residence Address	Name	Street or P.O. Box			City, State	Zip Code															
	SSN																				
Officer Title	Name	Street or P.O. Box			City, State	Zip Code															
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CERTIFICATION: The information herein as required by Richmond County Code Part II, Chapter 8, Section 6-27.1 I, _____ (Title) _____ of the business firm named, do hereby register to operate said business with dominant business activity of (explain type of business) _____ _____ _____		New Structure (Y or N) Existing Building (Y or N)		Email Address _____ In accord with the Business Ordinance of Richmond County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete.																	
Phone: (Bus) (____) ____ - ____ (Res) (____) ____ - ____ State ID Number _____ Federal ID Number _____																					
		Applicant Signature _____			Date _____																